

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.03911790</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,064,697.62</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,064,697.62</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,845,796.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00010613</b>

Gross Claim	\$	2,888.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,888.61
YTD Amount:	\$	29,423.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
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**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00132860</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,161.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,161.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>368,365.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000259A  
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**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00893806</b>

<b>Gross Claim</b>	<b>\$</b>	<b>243,273.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>243,273.06</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,472,200.24</b>

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**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00136296</b>

<b>Gross Claim</b>	<b>\$</b>	<b>37,096.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>37,096.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>377,894.74</b>

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**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00106887</b>

<b>Gross Claim</b>	<b>\$</b>	<b>29,092.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>545.78</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>28,546.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>290,242.92</b>

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**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.02011996</b>

<b>Gross Claim</b>	<b>\$</b>	<b>547,618.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>547,618.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,578,441.90</b>

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00127153</b>

<b>Gross Claim</b>	<b>\$</b>	<b>34,608.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,608.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>352,545.00</b>



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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00494731</b>

<b>Gross Claim</b>	<b>\$</b>	<b>134,654.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>134,654.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,358,891.50</b>

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.02544470</b>

<b>Gross Claim</b>	<b>\$</b>	<b>692,545.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>692,545.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,054,775.78</b>

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**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA

95988

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00122313</b>

<b>Gross Claim</b>	<b>\$</b>	<b>33,290.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>33,290.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>339,123.93</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00862800</b>

<b>Gross Claim</b>	<b>\$</b>	<b>234,833.95</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>55,321.05</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>179,512.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,188,931.70</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00880355</b>

<b>Gross Claim</b>	<b>\$</b>	<b>239,612.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>12,193.65</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>227,418.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,376,848.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00165904</b>

<b>Gross Claim</b>	<b>\$</b>	<b>45,155.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>45,155.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>459,982.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.01721220</b>

<b>Gross Claim</b>	<b>\$</b>	<b>468,475.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>468,475.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,772,237.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00445853</b>

<b>Gross Claim</b>	<b>\$</b>	<b>121,350.74</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>121,350.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,236,166.44</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00199460</b>

Gross Claim	\$	54,288.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	54,288.34
YTD Amount:	\$	553,021.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
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**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00134020</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,477.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,477.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>371,580.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

LOS ANGELES COUNTY TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.31055689</b>

<b>Gross Claim</b>	<b>\$</b>	<b>8,452,631.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,452,631.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>86,104,712.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00444445</b>

<b>Gross Claim</b>	<b>\$</b>	<b>120,967.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>120,967.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,232,261.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00978122</b>

<b>Gross Claim</b>	<b>\$</b>	<b>266,221.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>43,093.98</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>223,127.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,560,329.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00071281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>19,401.02</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>19,401.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>197,633.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00285163</b>

<b>Gross Claim</b>	<b>\$</b>	<b>77,614.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>77,614.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>790,642.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00629714</b>

<b>Gross Claim</b>	<b>\$</b>	<b>171,393.40</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>171,393.40</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,745,939.45</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00079120</b>

<b>Gross Claim</b>	\$	<b>21,534.61</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>21,534.61</b>
<b>YTD Amount:</b>	\$	<b>219,368.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00114139</b>

<b>Gross Claim</b>	<b>\$</b>	<b>31,065.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>31,065.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>316,461.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00812079</b>

<b>Gross Claim</b>	<b>\$</b>	<b>221,028.88</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>221,028.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,251,564.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00419176</b>

<b>Gross Claim</b>	<b>\$</b>	<b>114,089.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>114,089.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,144,021.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00269975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>73,480.87</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>73,480.87</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>745,180.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.06443974</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,753,898.80</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,753,898.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>17,866,507.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00380643</b>

<b>Gross Claim</b>	<b>\$</b>	<b>103,602.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>103,602.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,055,365.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00113417</b>

<b>Gross Claim</b>	<b>\$</b>	<b>30,869.45</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>7,824.64</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>23,044.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>285,514.55</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.03289207</b>

<b>Gross Claim</b>	<b>\$</b>	<b>895,245.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>895,245.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,119,624.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.03445505</b>

<b>Gross Claim</b>	<b>\$</b>	<b>937,785.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>937,785.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,552,974.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00159150</b>

<b>Gross Claim</b>	<b>\$</b>	<b>43,316.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>43,316.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>441,259.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.03996868</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,087,853.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,087,853.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,081,680.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.07799922</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,122,956.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,122,956.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>21,625,994.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.05924515</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,612,514.23</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,612,514.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>16,426,259.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.01529153</b>

<b>Gross Claim</b>	<b>\$</b>	<b>416,199.63</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>416,199.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,239,717.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00459189</b>

<b>Gross Claim</b>	<b>\$</b>	<b>124,980.49</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>124,980.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,273,142.18</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.01397274</b>

<b>Gross Claim</b>	<b>\$</b>	<b>380,305.26</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>380,305.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,874,069.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00838717</b>

<b>Gross Claim</b>	\$	<b>228,279.12</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>228,279.12</b>
<b>YTD Amount:</b>	\$	<b>2,325,421.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.03392572</b>

<b>Gross Claim</b>	<b>\$</b>	<b>923,378.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>923,378.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>9,406,217.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00556854</b>

<b>Gross Claim</b>	\$	<b>151,562.62</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>151,562.62</b>
<b>YTD Amount:</b>	\$	<b>1,543,929.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00771514</b>

<b>Gross Claim</b>	<b>\$</b>	<b>209,988.04</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>209,988.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,108,003.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

SIERRA COUNTY TREASURER  
PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00026776</b>

Gross Claim	\$	7,287.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	7,287.80
YTD Amount:	\$	74,237.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00208334</b>

<b>Gross Claim</b>	<b>\$</b>	<b>56,703.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>56,703.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>577,625.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.01114865</b>

<b>Gross Claim</b>	<b>\$</b>	<b>303,440.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>303,440.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,091,063.92</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.01734410</b>

<b>Gross Claim</b>	<b>\$</b>	<b>472,065.78</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>75,467.35</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>396,598.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,542,333.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.01168673</b>

<b>Gross Claim</b>	<b>\$</b>	<b>318,085.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>318,085.42</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,240,250.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**SUTTER COUNTY TREASURER**  
PO BOX 546

YUBA CITY CA 95992

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00403599</b>

<b>Gross Claim</b>	<b>\$</b>	<b>109,850.20</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>109,850.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,101,035.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00274330</b>

<b>Gross Claim</b>	<b>\$</b>	<b>74,666.20</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>74,666.20</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>759,063.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00117461</b>

<b>Gross Claim</b>	<b>\$</b>	<b>31,970.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>31,970.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>325,668.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.01120899</b>

<b>Gross Claim</b>	<b>\$</b>	<b>305,082.46</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>305,082.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,107,793.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00211074</b>

<b>Gross Claim</b>	<b>\$</b>	<b>57,449.40</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>57,449.40</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>585,222.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.01334317</b>

<b>Gross Claim</b>	<b>\$</b>	<b>363,169.84</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>363,169.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,699,515.47</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00370281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>100,781.82</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>100,781.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,026,636.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00354044</b>

<b>Gross Claim</b>	<b>\$</b>	<b>96,362.49</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>96,362.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>971,901.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00143779</b>

<b>Gross Claim</b>	<b>\$</b>	<b>39,133.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>39,133.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>398,638.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00644648</b>

<b>Gross Claim</b>	<b>\$</b>	<b>175,458.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>175,458.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,787,345.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000259A  
PAYMENT ISSUE DATE: 6/27/2011

PASADENA CITY TREASURER  
PO BOX 7115

PASADENA CA 91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 5/16/2011 TO: 6/15/2011

<u>Total amount collected:</u>	<b>\$199,641,509.09</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$27,217,657.98</b>	County/City Ratio:	<b>0.00212606</b>

<b>Gross Claim</b>	<b>\$</b>	<b>57,866.37</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>57,866.37</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>589,470.67</b>